

## SCHEDULE

NAME OF INSURED		BENEFICIARY			PREMIUM PAYABLE	TYPE
WILLIAMS SPENCER		WILLIAMS SPENCER			WK	330
14758551	11 24 69	42	036	\$300	<del>212</del>	<del>15</del>
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE*	DISTRICT	AGENCY
					36	37

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

330-7-67-\$300

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

BENEFICIARY \_\_\_\_\_ WITNESS \_\_\_\_\_


**REGISTER OF CHANGE OF BENEFICIARY**

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

ENDORSED BY	BENEFICIARY	The date endorsed early if the policy is in force as of DATE 1-3-78 NAME OF INSURED CHANGED TO James W. McNeill LIBERTY NATIONAL LIFE INSURANCE CO. by J. K. McNeill Approved by <i>[Signature]</i> SECRETARY

LIBERTY NATIONAL LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA						PAID-UP POLICY CERTIFICATE						
NAME OF INSURED		TYPE	POLICY NO.	ISSUE DATE		DISTRICT	MARKS AT ISSUE	AGE AT ISSUE	PREMIUM PAID	DATE PAID TO		
				A.M.D.	DAY					YEAR	DAY	YEAR
MC CONNELL FAINNIE W		330	14750551	11	24	69	36	25	42	36	11	9



Fannie McConnell  
P. O. Box 208  
Collinsville, Al. 35961

THIS IS TO CERTIFY THAT THE POLICY ABOVE IS NOW PAID-UP FOR LIFE AND PREMIUMS WILL BE DEDUCTED FROM THE LIBERTY NATIONAL LIFE INSURANCE POLICY.

*Jasper 11/14/69*

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES

SEE REVERSE SIDE

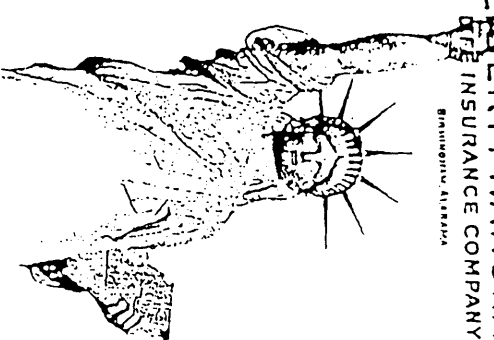
OVERPAYMENT OR PREPAID  
 \*\*\*\*\*  
*(Signature)*

THIS IS TO CERTIFY THAT THE POLICY ABOVE IS NOW PAID-UP FOR LIFE AND PREMIUMS WILL BE DEDUCTED FROM THE LIBERTY NATIONAL LIFE INSURANCE POLICY.  
  
 JASPER 11/14/69

D

DEC-08 10:09 AM WATSON, FEES, & JIMMERSON AX NO. 1 258 538 2389 P. 13

**LIBERTY NATIONAL**  
LIFE INSURANCE COMPANY  
Birmingham, Alabama



**ACCIDENT POLICY**

BENEFIT FOR DEATH BY ACCIDENTAL MEANS  
 BENEFIT FOR LOSS OF EYESIGHT OR LIMBS  
 BENEFIT FOR DEATH AT TRAVEL ACCIDENT  
 PREMIUMS PAYABLE UNTIL POLICY  
 ANNIVERSARY IMMEDIATELY PRECEDING  
 INSURED'S 70TH BIRTHDAY  
 THIS POLICY IS NONCANCELLABLE AND  
 GUARANTEED RENEWABLE UNTIL THE  
 POLICY ANNIVERSARY IMMEDIATELY  
 PRECEDING INSURED'S 70TH  
 BIRTHDAY  
 NONPARTICIPATING INDUSTRIAL POLICY

POLICY NUMBER		NAME OF INSURED		BENEFICIARY		DATE OF ISSUE	
15153077		WILLIAM MITCHELL		WILLIAMS MITCHELL		5-12-78	
6	29	1-70	42	5.12	WEEKLY	9.15	1997
DATE OF ISSUE		AGE		PREMIUM		AMOUNT OF INSURANCE	
Month Day Year		Month Day Year		Last Premium Payable		Agency District	

\*Amount of insurance benefits shown on page one.

36-37

The following endorsement shall take effect only if the policy is in force as of

DATE 7-3-78  
 NAME OF INSURED CHANGED TO  
Fannie W. McNamee  
 LIBERTY NATIONAL LIFE INSURANCE CO.

by L. R. Burdick  
 SECRETARY

Approved by W. H. Benton

52  
 12  
 104  
 52  
 12/624 (52 per month)  
 60  
 24

## ACCIDENT POLICY

LIBERTY NATIONAL  
LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

**INSURANCE BENEFITS**—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

TABLE OF INSURANCE BENEFITS			
BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death	\$1,000	\$2,000	\$1,000
Death by Travel Accident	3,000	6,000	3,000
Loss of Eyesight	2,500	5,000	2,500
Loss of One Limb	1,000	2,000	1,000
Loss of Two or More Limbs	2,500	5,000	2,500

On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.

**ACCIDENTAL DEATH**—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

**DEATH BY TRAVEL ACCIDENT**—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

**LOSS OF EYESIGHT OR LIMB**—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

**EXCLUSIONS FROM COVERAGE**—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt thereof while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt thereof,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy Is Noncancellable and Guaranteed Renewable Until the Policy Anniversary Immediately Preceding Insured's 70th Birthday



**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

**POLICY CONTROL**—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult having custody and control of you. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

**ENTIRE CONTRACT**—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

**INCONTESTABILITY**—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become incontestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description, effective on the date of loss had existed prior to the effective date of coverage under this policy.

**GRACE PERIOD**—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

**REINSTATEMENT**—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**NOTICE OF LOSS**—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

**CLAIM FORMS**—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

**PROOF OF LOSS**—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PAYMENT OF INSURANCE BENEFITS**—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

**PHYSICAL EXAMINATIONS**—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

**LEGAL ACTION**—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

**BENEFICIARY**—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

**AGE LIMIT**—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

**MISSTATEMENT OF AGE**—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.

If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

**OPTION TO SURRENDER**—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

**CONFORMITY WITH STATE STATUTES**—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

*Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.*

*J. L. Burleson*  
SECRETARY

*Frank P. Sanford*  
PRESIDENT



**E**

**SERVICE INSURANCE COMPANY  
 OF ALABAMA**  
**FUNERAL POLICY**  
 ISSUED BY  
 LIFE POLICY NATIONAL LIFE INSURANCE COMPANY  
 Birmingham, Alabama

**FUNERAL POLICY**

**WHOLE LIFE INSURANCE**

BENEFIT GRADED FOR DEATH OF INSURED  
 UNDER AGE 31 DAYS

PREMIUMS PAYABLE UNTIL POLICY  
 ANNIVERSARY IMMEDIATELY PRECEDING  
 INSURED'S 65TH BIRTHDAY

ADDITIONAL BENEFIT FOR ACCIDENTAL DEATH  
 ADDITIONAL BENEFIT FOR DEATH BY  
 AUTOMOBILE ACCIDENT  
 ADDITIONAL BENEFIT FOR DEATH BY  
 TRAVEL ACCIDENT  
 ADDITIONAL BENEFIT FOR LOSS OF  
 EYESIGHT OR LIMB

NONPARTICIPATING INDUSTRIAL POLICY

**SCHEDULE**

POLICY NUMBER

NAME OF INSURED

BENEFICIARY

TYPE  
 32/82

00532	MCCORMELL FANNIE	MCCORMELL JAMES	32/82							
12-15-1992	44	\$15 WEEKLY	\$7500	12	15	1992	10	10		
DATE OF ISSUE		AGE	PREMIUM	AMOUNT OF FUNERAL BENEFIT		Month	Day	Year	AGENCY	DISTRICT
				LAST PREMIUM PAYABLE		Funeral benefit is one-half of the amount shown above.				

If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

**FUNERAL SERVICE AGREEMENT**

**AUTHORIZED FUNERAL DIRECTOR**—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as authorized funeral directors. Whenever the term "authorized funeral director" is used, it means a funeral director under contract with this company.

LIBERTY NATIONAL LIFE INSURANCE COMPANY  
 BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENT	AGE AT ISSUE	PREMIUM	DATE PAID TO			PAYOUT DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
CONNELL FANNIE W	320	21460692	5	13	74	67	32	46	424	4	1	92	4	1	92

Fannie McConnell  
 P. O. Box 208  
 Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE  
 ATTACHED TO THE POLICY  
 IT DESCRIBES

\* SEE REVERSE SIDE \*

\*\*\*\*\* \*\*  
 THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
 ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
 PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

*William E. Barclay*  
 SECRETARY

M-3 ED 12-05

**F**

DEC-08

9:42:13 AM

WATSON, FEES, &amp; JIMMERSON

EX NO. 1 258 538 2583

P. 23

DUPLICATE

**BURIAL POLICY**  
SERVICE of Alabama  
INSURANCE COMPANY  
BIRMINGHAM, ALA.

PREMIUMS PAYABLE FOR  
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

DUPLICATE

**SCHEDULE**

NAME OF INSURED		BENEFICIARY			TYPE POLICY	
WILLIAMS SPENCER		WILLIAMS FANNIE K			F F	
2341929	4 5 65	17	\$ .19 WK	\$300.00	16	20
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	DEBIT

\*INSURED'S AGE NEXT BIRTHDAY

**REGISTER OF CHANGE OF BENEFICIARY**

—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDOERSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDOERSED	BENEFICIARY	ENDOERSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

DEC-08 9:42:03 AM WATSON, FEES, &amp; JIMMERSON NO. 1 258 538 2888

P. 24

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

**Age at Date of Issue.**

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Tenn. Illinois Standard, and interest at 3½% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*L. P. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.



WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the insured hereunder, the beneficiary or by any other person having the authority.

#### (4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the insured is twelve years of age or older at death, a funeral of the retail value of \$500, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

#### (5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR

If the death of the insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay to its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements or and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the insured is over one year of age, and if the insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the insured hereunder is a minor, during the minority of such insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the insured, then such rights shall be vested in the surviving parent of the insured, or in the legal guardian of the insured, or in any adult having the custody and control of said minor. After the insured becomes of age, the entire ownership and control of this Policy shall be vested in the insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

#### (10) NON-FORFEITURE BENEFITS

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

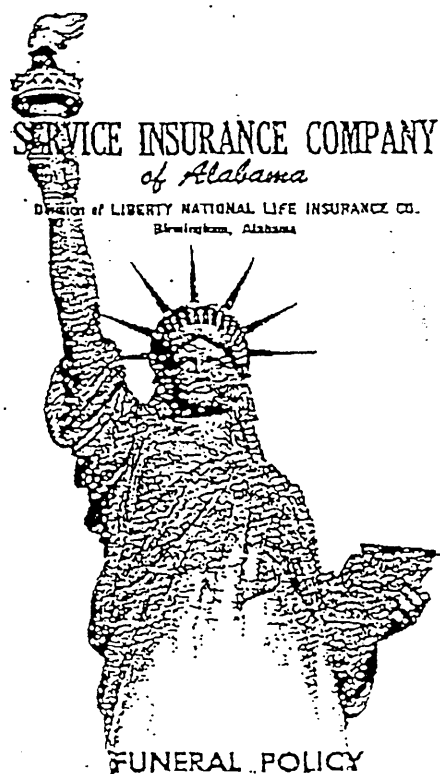
**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

TABLE OF NON-FORFEITURE BENEFITS

Age at Issue	No. of Years Premium Paid*	1 YEAR		2 YEARS		3 YEARS		4 YEARS		5 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS	
		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance	
		Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B	Mon. A	B
1	27	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
2	30	3	8	3	8	3	8	3	8	3	8	3	8	3	8	3	8	3	8	3	8	3	8
3	33	5	11	5	11	5	11	5	11	5	11	5	11	5	11	5	11	5	11	5	11	5	11
4	36	7	14	7	14	7	14	7	14	7	14	7	14	7	14	7	14	7	14	7	14	7	14
5	39	9	17	9	17	9	17	9	17	9	17	9	17	9	17	9	17	9	17	9	17	9	17
6	42	11	20	11	20	11	20	11	20	11	20	11	20	11	20	11	20	11	20	11	20	11	20
7	45	13	23	13	23	13	23	13	23	13	23	13	23	13	23	13	23	13	23	13	23	13	23
8	48	15	26	15	26	15	26	15	26	15	26	15	26	15	26	15	26	15	26	15	26	15	26
9	51	17	29	17	29	17	29	17	29	17	29	17	29	17	29	17	29	17	29	17	29	17	29
10	54	19	32	19	32	19	32	19	32	19	32	19	32	19	32	19	32	19	32	19	32	19	32
11	57	21	35	21	35	21	35	21	35	21	35	21	35	21	35	21	35	21	35	21	35	21	35
12	60	23	38	23	38	23	38	23	38	23	38	23	38	23	38	23	38	23	38	23	38	23	38
13	63	25	41	25	41	25	41	25	41	25	41	25	41	25	41	25	41	25	41	25	41	25	41
14	66	27	44	27	44	27	44	27	44	27	44	27	44	27	44	27	44	27	44	27	44	27	44
15	69	29	47	29	47	29	47	29	47	29	47	29	47	29	47	29	47	29	47	29	47	29	47
16	72	31	50	31	50	31	50	31	50	31	50	31	50	31	50	31	50	31	50	31	50	31	50
17	75	33	53	33	53	33	53	33	53	33	53	33	53	33	53	33	53	33	53	33	53	33	53
18	78	35	56	35	56	35	56	35	56	35	56	35	56	35	56	35	56	35	56	35	56	35	56
19	81	37	59	37	59	37	59	37	59	37	59	37	59	37	59	37	59	37	59	37	59	37	59
20	84	39	62	39	62	39	62	39	62	39	62	39	62	39	62	39	62	39	62	39	62	39	62
21	87	41	65	41	65	41	65	41	65	41	65	41	65	41	65	41	65	41	65	41	65	41	65
22	90	43	68	43	68	43	68	43	68	43	68	43	68	43	68	43	68	43	68	43	68	43	68
23	93	45	71	45	71	45	71	45	71	45	71	45	71	45	71	45	71	45	71	45	71	45	71
24	96	47	74	47	74	47	74	47	74	47	74	47	74	47	74	47	74	47	74	47	74	47	74
25	99	49	77	49	77	49	77	49	77	49	77	49	77	49	77	49	77	49	77	49	77	49	77
26	102	51	80	51	80	51	80	51	80	51	80	51	80	51	80	51	80	51	80	51	80	51	80
27	105	53	83	53	83	53	83	53	83	53	83	53	83	53	83	53	83	53	83	53	83	53	83
28	108	55	86	55	86	55	86	55	86	55	86	55	86	55	86	55	86	55	86	55	86	55	86
29	111	57	89	57	89	57	89	57	89	57	89	57	89	57	89	57	89	57	89	57	89	57	89
30	114	59	92	59	92	59	92	59	92	59	92	59	92	59	92	59	92	59	92	59	92	59	92
31	117	61	95	61	95	61	95	61	95	61	95	61	95	61	95	61	95	61	95	61	95	61	95
32	120	63	98	63	98	63	98	63	98	63	98	63	98	63	98	63	98	63	98	63	98	63	98
33	123	65	101	65	101	65	101	65	101	65	101	65	101	65	101	65	101	65	101	65	101	65	101
34	126	67	104	67	104	67	104	67	104	67	104	67	104	67	104	67	104	67	104	67	104	67	104
35	129	69	107	69	107	69	107	69	107	69	107	69	107	69	107	69	107	69	107	69	107	69	107
36	132	71	110	71	110	71	110	71	110	71	110	71	110	71	110	71	110	71	110	71	110	71	110
37	135	73	113	73	113	73	113	73	113	73	113	73	113	73	113	73	113	73	113	73	113	73	113
38	138	75	116	75	116	75	116	75	116	75	116	75	116	75	116	75	116	75	116	75	116	75	116
39	141	77	119	77	119	77	119	77	119	77	119	77	119	77	119	77	119	77	119	77	119	77	119
40	144	79	122	79	122	79	122	79	122	79	122	79	122	79	122	79	122	79	122	79	122	79	122
41	147	81	125	81	125	81	125	81	125	81	125	81	125	81	125	81	125	81	125	81	125	81	125
42	150	83	128	83	128	83	128	83	128	83	128	83	128	83	128	83	128	83	128	83	128	83	128
43	153	85	131	85	131	85	131	85	131	85	131	85	131	85	131	85	131	85	131	85	131	85	131
44	156	87	134	87	134	87	134	87	134	87	134	87	134	87	134	87	134	87	134	87	134	87	134
45	159	89	137	89	137	89	137	89	137	89	137	89	137	89	137	89	137	89	137	89	137	89	137
46	162	91	140	91	140	91	140	91	140	91	140	91	140	91	140	91	140	91	140	91	140	91	140
47	165	93	143	93	143	93	143	93	143	93	143	93	143	93	143	93	143	93	143	93	143	93	143
48	168	95	146	95	146	95	146	95	146	95	146	95	146	95	146	95	146	95	146	95	146	95	146
49	171	97	149	97	149	97	149	97	149	97	149	97	149	97	149	97	149	97	149	97	149	97	149
50	174	99	152	99	152	99	152	99	152	99	152	99	152	99	152	99	152	99	152	99	152	99	152
51	177	101	155	101	155	101	155	101	155	101	155	101	155	101	155	101	155	101	155	101	155	101	155
52	180	103	158	103	158	103	158	103	158	103	158	103	158	103	158	103	158	103	158	103	158	103	158
53	183	105	161	105	161	105	161	105	161	105	161	105	161	105	161	105	161	105	161	105	161	105	161
54	186	107	164	107	164	107	164	107	164	107	164	107	164	107	164	107	164	107	164	107	164	107	164
55	189	109	167	109	167	109	167	109	167	109	167	109	167	109	167	109	167	109	167	109	167	109	167
56	192	111	170	111	170	111	170	111	170	111	170	111	170	111	170	111	170	111	170	111	170	111	170
57	195	113	173	113	173	113	173	113	173	113	173	113	173	113	173	113	173	113	173	113	173	113	173
58	198	115	176	115	176	115	176	115	176	115	176	115	176	115	176	115	176	115	176	115	176	115	176
59	201	117	179	117	179	117	179	117	179	117	179	117	179	117	179	117	179	117	179	117	179	117	179
60	204	119	182	119	182	119	182	119	182	119	182	119	182	119	182	119	182	119	182	119	182	119	182
61	207	121	185	121	185	121	185	121	185	121	185	121	185	121	185	121	185	121	185	121	185	121	185
62	210	123	188	123	188	123	188	123	188	123	188	123	188	123	188	123	188	123	188	123	188	123	188
63	213	125	191	125	191	125	191	125	191	125	191	125	191	125	191	125	191	125	191	125	191	125	191
64	216	127	194	127	194	12																	



G



WEEKLY PREMIUMS PAYABLE FOR 12 YEARS

BENEFIT FOR ACCIDENTAL DEATH

## NONPARTICIPATING INDUSTRIAL POLICY

## SCHEDULE

SCHEDULE									
NAME OF INSURED			BENEFICIARY			PREMIUM PAYABLE	TYPE		
WILLIAMS SPENCER			WILLIAMS FANNIE			WK	330		
11 24 69			21	023	\$300	712	15		
MO. DAY YR.			AGE LAST BIRTHDAY AT DATE OF ISSUE		(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT	AGENCY	
DATE OF ISSUE									
14750553									
POLICY NUMBER									

in prior to age ten, the retail value is a reduced amount providing comparable benefits.



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DATE PAID TO	DATE PAID TO		DATE PAID TO	
			MO.	DAY		MO.	DAY	MO.	DAY
NGIA A	330	34768884	11	24	08	11	08	11	08

OPERATION OF FEE		NET OVERPAYMENT	
★	★	★	★
FOR WHICH A		CHECK IS ENCLOSED	

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES

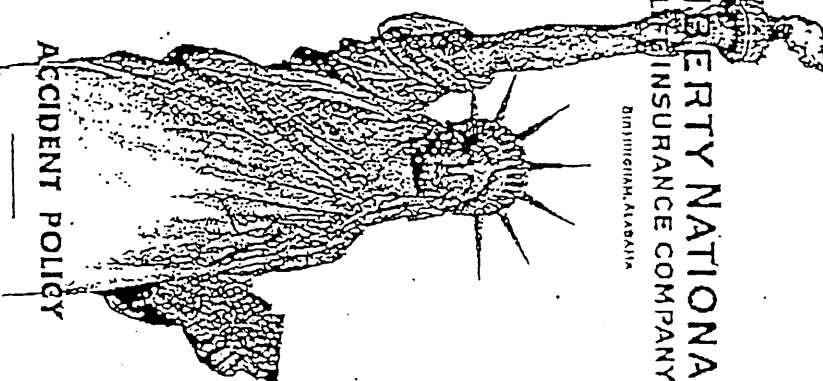
SECRETARY

• SEC REVERSE SIDE •



**H**

LIBERTY NATIONAL  
LIFE INSURANCE COMPANY  
BIRMINGHAM, ALABAMA



**ACCIDENT POLICY**

BENEFIT FOR DEATH BY ACCIDENTAL MEANS  
\_\_\_\_\_

BENEFIT FOR DEATH BY AUTOMOBILE  
ACCIDENT \_\_\_\_\_

BENEFIT FOR DEATH BY TRAVEL ACCIDENT  
\_\_\_\_\_

PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAY \_\_\_\_\_

THIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAY \_\_\_\_\_

NONPARTICIPATING INDUSTRIAL POLICY

\*ND-4-07

SCHEDULE			
POLICY NUMBER	NAME OF INSURED	BENEFICIARY	TYPE
			5967890
DATE OF ISSUE	AGE	PREMIUM	AMOUNT OF INSURANCE
Month Day Year			Month Day Year
			LAST PREMIUM PAYABLE
AGENCY		DISTRICT	
Amount of Insurance benefit shown on page one			



DE 199 12:53PM WATSON FEES JIMPERSON P. 9/19

F-6-55

EMERALD POLICY

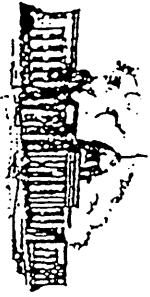
SERVICE INSURANCE COMPANY  
of Alabama

IRVINGHAM, ALA.

PREMIUM PAYABLE FOR  
11 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER



**SCHEDULE**

NAME OF INSURED	BENEFICIARY	TYPE POLICY
WILLIAMS NETA A	WILLIAMS FANNIE K	F

POLICY NUMBER	MO.	DAY	YR.	AGE	WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DEPT.	DEPT.
2341930	4	5	68	9	\$ .16	\$300.00	36	20

INSURED'S AGE NEXT BIRTHDAY

**REGISTER OF CHANGE OF BENEFICIARY**

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

OF 195 11-2004 WATSON FEE JOHNSON

P. 9/19

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured, until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 85 years of age or over, the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 65 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 8 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3 1/4% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.3. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

**IN WITNESS WHEREOF**, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. P. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.

OF 1 99 11:21AM LUTSON FEE JIMPERSON

P. 12/19

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

**(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated hereto consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the Insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased Insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

**(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the Insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased Insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly by advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

**(10) NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.



99 11:22 AM LITTON FEE JOHNSON

P.11/19

## TABLE OF NON-FORFEITURE BENEFITS

Age at Issue	1 YEAR		4 YEARS		7 YEARS		10 YEARS		13 YEARS		16 YEARS		19 YEARS		22 YEARS		25 YEARS		28 YEARS		31 YEARS		34 YEARS		37 YEARS		40 YEARS		43 YEARS		46 YEARS		49 YEARS		52 YEARS		55 YEARS		58 YEARS		61 YEARS		64 YEARS		67 YEARS		70 YEARS		73 YEARS		76 YEARS		79 YEARS		82 YEARS		85 YEARS		88 YEARS		91 YEARS		94 YEARS		97 YEARS		100 YEARS																																																																																																																																																																																																																																																																																																																																																																																																									
	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash Value	Accumulated Insurance	Cash 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P. 12/19



MAY 10 1997

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

## PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DISTRICT	AGENT	AGE		FELMUDA	DATE PAID TO		MATCH DATE	
			MO.	DAY			MO.	DAY		MO.	DAY	MO.	DAY
WILLIAMS NETA A	330	147888885	11	24	69	26	26	13	18	11	9	11	9

OVERPAYMENT OF PREMIUM  
 \*\*\*\*\*  
 \*\*

NET OVERPAYMENT  
 FOR WHICH A  
 CHECK IS ENCLOSED

THIS CERTIFICATE SHOULD BE  
 ATTACHED TO THE POLICY  
 IT DESCRIBES

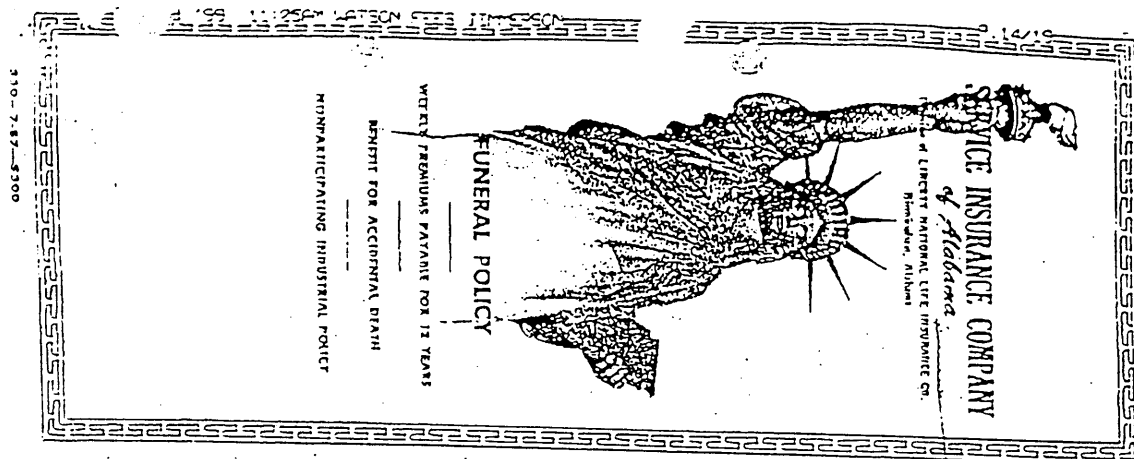
SEE REVERSE SIDE

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
 ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
 PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

*Frederick H. Boardman*  
 SECRETARY





## SCHEDULE

NAME OF INSURED		BENEFICIARY			PREMIUM PAYABLE	TYPE
WILLIAMS NETA A		WILLIAMS FANNIE			WK	330
14758555	11 24 69	13	018	\$300	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE*	DISTRICT	AGENCY

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

## REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

A 199 11:26AM WATSON FEE JIMPERSON

P. 15/19

# SERVICE INSURANCE COMPANY

## *of Alabama*

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

**INSURANCE AGREEMENT**—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

**AUTHORIZED FUNERAL DIRECTOR**—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

**FUNERAL BENEFIT**—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

Casket and suit or dress.

Transportation of remains to funeral home (not to exceed 35 miles).

Embalming and preparation of remains.

Use of funeral parlor.

A place where the funeral service may be held.

Assistance in conducting the funeral service.

Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.

Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).

In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

**BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE**—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

**GRACE PERIOD**—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

### FUNERAL POLICY

Weekly Premiums Payable for 12 Years

Benefit for Accidental Death

NONPARTICIPATING INDUSTRIAL POLICY



**ACCIDENTAL DEATH BENEFIT**—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries effected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

**Exceptions**—No benefit for accidental death will be payable: (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**LOSS OF EYESIGHT OR LIMBS**—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

**Conditions**—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

**Exceptions**—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**RESERVE BASIS**—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

**NONFORFEITURE BENEFITS**—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown. If there is no indebtedness against this policy, the actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

**EXTENDED INSURANCE**—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

**TERMS OF EXTENDED INSURANCE, FOR EACH AGE AT ISSUE**

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0
1	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1
2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2
3	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3
4	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	4
5	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	5
6	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	6
7	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7
8	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	8
9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	9
10	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	10
11	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	11
12	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	12
13	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	13
14	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	14
15	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	15
16	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	16
17	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	17
18	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	18
19	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	19
20	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	20
21	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	21
22	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	22
23	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	23
24	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	24
25	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	25
26	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	26
27	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	27
28	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	28
29	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	29
30	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	30
31	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	31
32	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	32
33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	33
34	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	34
35	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	35
36	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	36
37	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	37
38	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	38
39	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	39
40	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	40
41	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	41
42	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	42
43	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	43
44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	44
45	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	45
46	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	46
47	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	47
48	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	48
49	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	49
50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	50
51	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	51
52	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	52
53	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	53
54	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	54
55	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	55
56	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	56
57	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	57
58	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	58
59	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	59
60	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	60
61	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	61
62	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	62
63	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	63
64	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	64
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	65



**CASH VALUE**—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

CASH VALUES FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	Premiums Paid For												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1	4	6	9	12	15	18	21	24	27	30	33	0
1	1	4	6	9	12	15	18	21	24	27	30	33	1
2	1	4	6	9	12	15	18	21	24	27	30	33	2
3	1	4	6	9	12	15	18	21	24	27	30	33	3
4	1	4	6	9	12	15	18	21	24	27	30	33	4
5	1	4	6	9	12	15	18	21	24	27	30	33	5
6	1	4	6	9	12	15	18	21	24	27	30	33	6
7	1	4	6	9	12	15	18	21	24	27	30	33	7
8	1	4	6	9	12	15	18	21	24	27	30	33	8
9	1	4	6	9	12	15	18	21	24	27	30	33	9
10	1	4	6	9	12	15	18	21	24	27	30	33	10
11	1	4	6	9	12	15	18	21	24	27	30	33	11
12	1	4	6	9	12	15	18	21	24	27	30	33	12
13	1	4	6	9	12	15	18	21	24	27	30	33	13
14	1	4	6	9	12	15	18	21	24	27	30	33	14
15	1	4	6	9	12	15	18	21	24	27	30	33	15
16	1	4	6	9	12	15	18	21	24	27	30	33	16
17	1	4	6	9	12	15	18	21	24	27	30	33	17
18	1	4	6	9	12	15	18	21	24	27	30	33	18
19	1	4	6	9	12	15	18	21	24	27	30	33	19
20	1	4	6	9	12	15	18	21	24	27	30	33	20
21	1	4	6	9	12	15	18	21	24	27	30	33	21
22	1	4	6	9	12	15	18	21	24	27	30	33	22
23	1	4	6	9	12	15	18	21	24	27	30	33	23
24	1	4	6	9	12	15	18	21	24	27	30	33	24
25	1	4	6	9	12	15	18	21	24	27	30	33	25
26	1	4	6	9	12	15	18	21	24	27	30	33	26
27	1	4	6	9	12	15	18	21	24	27	30	33	27
28	1	4	6	9	12	15	18	21	24	27	30	33	28
29	1	4	6	9	12	15	18	21	24	27	30	33	29
30	1	4	6	9	12	15	18	21	24	27	30	33	30
31	1	4	6	9	12	15	18	21	24	27	30	33	31
32	1	4	6	9	12	15	18	21	24	27	30	33	32
33	1	4	6	9	12	15	18	21	24	27	30	33	33
34	1	4	6	9	12	15	18	21	24	27	30	33	34
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36	1	4	6	9	12	15	18	21	24	27	30	33	36
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38	1	4	6	9	12	15	18	21	24	27	30	33	38
39	1	4	6	9	12	15	18	21	24	27	30	33	39
40	1	4	6	9	12	15	18	21	24	27	30	33	40
41	1	4	6	9	12	15	18	21	24	27	30	33	41
42	1	4	6	9	12	15	18	21	24	27	30	33	42
43	1	4	6	9	12	15	18	21	24	27	30	33	43
44	1	4	6	9	12	15	18	21	24	27	30	33	44
45	1	4	6	9	12	15	18	21	24	27	30	33	45
46	1	4	6	9	12	15	18	21	24	27	30	33	46
47	1	4	6	9	12	15	18	21	24	27	30	33	47
48	1	4	6	9	12	15	18	21	24	27	30	33	48
49	1	4	6	9	12	15	18	21	24	27	30	33	49
50	1	4	6	9	12	15	18	21	24	27	30	33	50
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52	1	4	6	9	12	15	18	21	24	27	30	33	52
53	1	4	6	9	12	15	18	21	24	27	30	33	53
54	1	4	6	9	12	15	18	21	24	27	30	33	54
55	1	4	6	9	12	15	18	21	24	27	30	33	55
56	1	4	6	9	12	15	18	21	24	27	30	33	56
57	1	4	6	9	12	15	18	21	24	27	30	33	57
58	1	4	6	9	12	15	18	21	24	27	30	33	58
59	1	4	6	9	12	15	18	21	24	27	30	33	59
60	1	4	6	9	12	15	18	21	24	27	30	33	60
61	1	4	6	9	12	15	18	21	24	27	30	33	61
62	1	4	6	9	12	15	18	21	24	27	30	33	62
63	1	4	6	9	12	15	18	21	24	27	30	33	63
64	1	4	6	9	12	15	18	21	24	27	30	33	64
65	1	4	6	9	12	15	18	21	24	27	30	33	65

**BENEFICIARY**—The beneficiary of this policy is named in the schedule on Page 4. The beneficiary may be changed at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change will be effective until we have endorsed it on this policy.

**REINSTATEMENT**—If this policy should lapse, you may reinstate it at any time within three years provided you have not surrendered it for its cash value. In order to do this you must pay all past due premiums and furnish evidence satisfactory to us that you are insurable. If this policy should be reinstated after having lapsed, no benefit will be payable for any loss which occurred while the policy was not in force.

**WAR OR NATIONAL EMERGENCY**—If during time of war or other national emergency, the United States Government restricts or allocates the use of steel and it consequently becomes impracticable for the Company to furnish the metal casket provided by combining this policy with another policy providing for a funeral of the retail value of \$250 or \$300, the Company will furnish, in lieu thereof, such other casket of comparable retail value as the beneficiary or other person having proper authority, may select from the stock of an authorized funeral director of the Company.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

**POLICY CONTROL**—If you are over 18 years of age, you have the entire ownership and control of this policy. If you are under 18 years of age, the entire ownership and control of this policy shall be vested in the beneficiary named herein from time to time until you reach your 18th birthday. If the beneficiary having ownership and control of this policy should die before you, then the ownership and control of the policy, if you are under 18 years of age, shall be vested in your surviving parent or your legal guardian or in any adult person having custody and control of you as may be reasonably determined by us. Ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges provided in this policy.

**MEANING OF PRONOUNS**—Unless clearly contrary to the context, wherever used in this policy, the words "We," "Our" or "Company" shall mean Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company; and "You" or "Your" shall mean the insured named in the schedule on Page 4.

**ENTIRE CONTRACT**—This policy is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy signed by the President, a Vice-President, an Assistant Vice-President, the Secretary, or an Assistant Secretary of the Company.

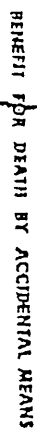
Signed at Birmingham, Alabama, by the President and Secretary of Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, as of the date of issue shown in the schedule on Page 4.

*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

**K**

Министерство культуры.



**BENEFIT FOR DEATH BY AUTOMOBILE  
ACCIDENT**

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAY

**THIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAY**

# NONPARTICIPATING INDUSTRIAL POLICY

DATE OF BIRTH		NAME OF INSUREE		POLICY NO.	
Mo.	Day	Year	Age	Premium	Amount of Insurance
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126
127	128	129	130	131	132
133	134	135	136	137	138
139	140	141	142	143	144
145	146	147	148	149	150
151	152	153	154	155	156
157	158	159	160	161	162
163	164	165	166	167	168
169	170	171	172	173	174
175	176	177	178	179	180
181	182	183	184	185	186
187	188	189	190	191	192
193	194	195	196	197	198
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217	218	219	220	221	222
223	224	225	226	227	228
229	230	231	232	233	234
235	236	237	238	239	240
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259	260	261	262	263	264
265	266	267	268	269	270
271	272	273	274	275	276
277	278	279	280	281	282
283	284	285	286	287	288
289	290	291	292	293	294
295	296	297	298	299	300
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337	338	339	340	341	342
343	344	345	346	347	348
349	350	351	352	353	354
355	356	357	358	359	360
361	362	363	364	365	366
367	368	369	370	371	372
373	374	375	376	377	378
379	380	381	382	383	384
385	386	387	388	389	390
391	392	393	394	395	396
397	398	399	400		

IN THE UNITED STATES DISTRICT COURT  
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA  
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE )  
McCONNELL, SPENCER WILLIAMS, )  
and ANITA BOWERS, on Behalf of )  
themselves and all Others Similarly )  
Situating, )

Plaintiff, )

vs. )

LIBERTY NATIONAL INSURANCE )  
COMPANY, )

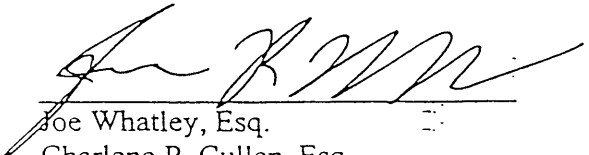
Defendant. )  
\_\_\_\_\_ )

Civ.No.:

CLASS ACTION

REQUEST FOR SERVICE BY  
CERTIFIED MAIL

Please serve the defendants Liberty National Insurance Company, by  
certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules  
of Civil Procedure 4(c)(2)(C)(i).

  
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